

Article - Insurance

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§19–115.

(a) (1) In this section the following words have the meanings indicated.

(2) “Health care provider” means an individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.

(3) “HMO provider panel” means a provider panel for one or more health maintenance organizations.

(4) “Insurer provider panel” means a provider panel for one or more insurers engaged in the business of casualty insurance or property insurance.

(5) “Non–HMO provider panel” means a provider panel for one or more nonprofit health service plans or insurers.

(6) “Provider contract” means a contract between a health care provider and an entity that contracts with a health care provider to serve on an insurer provider panel, an HMO provider panel, or a non–HMO provider panel.

(b) (1) An insurer may not use an insurer provider panel if the provider contract for the insurer provider panel requires a provider to participate on the insurer provider panel as a condition of participating on an HMO provider panel or a non–HMO provider panel.

(2) An entity arranging an insurer provider panel shall provide a health care provider a schedule of applicable fees for up to the 50 most common services billed by a health care provider in the specialty of the health care provider:

(i) in writing at the time of execution of a provider contract;

(ii) in writing or electronically 30 days before a change in the schedule of applicable fees; and

(iii) in writing or electronically on request of the health care provider.

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